

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029333

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 94

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Neosho

Length of stay in 1b
15 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 715 Washington Ave.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton

c. CITY OR TOWN Neosho

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
715 Washington Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
BERT K. STEWART

4. DATE OF DEATH July 18, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Jan. 8, 1881

9. AGE (last birthday) 82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY
Carpenter

11. BIRTHPLACE (City and state or country)
Nixa, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Henry Stewart

13b. MOTHER'S MAIDEN NAME
Debbie Peterson

14. NAME OF HUSBAND OR WIFE
Maude Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) No

16. SOCIAL SECURITY NO. [REDACTED]

17. INFORMANT Address
Maude Ann Stewart Neosho, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure

DUE TO (c)

Paralyzed arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 14, 1963 to July 18, 1963 and last saw him alive on July 18, 1963
Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
W. Hugh Ramsey, Jr. D.O.

22b. ADDRESS 916 West So. St. Neosho, Mo.
22c. DATE SIGNED July 23/1963

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE July 20, 1963

23c. NAME OF CEMETERY OR CREMATORY Neosho Memorial Park
23d. LOCATION (City, town, or county) Neosho, Mo.

24. FUNERAL DIRECTOR ADDRESS
Clark Funeral Home Neosho, Mo.

25. DATE RECD. BY LOCAL REG. 7-24-63
26. REGISTRAR'S SIGNATURE Maude Ann Stewart

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0735

2 0735

3

4 0

5 1

6

7 0

8 2

9 4500

10

11

12 962

13 6-0

JUL 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arad L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Wesley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.